PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0661-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no person are required to respond to

FEE TRANSMITTAL FOR FY 2008 Application Number 10/566,325-Conf. #6939 FILING Date July 6, 2006 Application Number 10/566,325-Conf. #6939 Filing Date July 6, 2006 Application Number 10/566,325-Conf. #6939 Filing Date July 6, 2006 Filing Date July 6, 2006 Application Number 10/566,325-Conf. #6939 Filing Date July 6, 2006 Filing Date July 6, 2	Ft547	Complete if Known										
FIGURE STATE AMOUNT OF PAYMENT (8) 210.00 Attorney Docket No. 0717-0547PUS1 METHOD OF PAYMENT (check all that apply) Check Oredit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number. 02-2448 Deposit Account Number. Bitch, Stewart, Kolasch & Bitch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge Fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee(s) indic	Fees pursuant to the Consolidated Appro	Application Number 16		·								
FIGURE STATE AMOUNT OF PAYMENT (8) 210.00 Attorney Docket No. 0717-0547PUS1 METHOD OF PAYMENT (check all that apply) Check Oredit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number. 02-2448 Deposit Account Number. Bitch, Stewart, Kolasch & Bitch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge Fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee Shapel fee(s) indicated below, except for the filing fee(s) indic	FFF TRANS	Filing Date Jr		July 6, 2006								
Application Examiner Name David Chu Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 Application Type Application Type Application Type Eee (s)				Makoto SAKU	TA							
METHOD OF PAYMENT (check all that apply)	For FY 2008					David Chu						
METHOD OF PAYMENT (check sill that apply)	Applicant claims small entity st	atus. See 37 CFR 1.27		Art Unif 2		2628						
Check				7 de Orine		0717-0547PUS1						
Check	METHOD OF DAVMENT (short	k all that apply)		· i.								
Deposit Account Deposit Account Number: O2-2448 Deposit Account Name: Birch, Slewart, Kolasch & Birch, LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee												
Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge any additional fee(s) or underpayments of X Credit any overpayments X C	L						I, Kolasch & I	Birch, LLP				
X Chearge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X	i —		ector is		-							
Fee(s) under 37 CFR 1.16 and 1.17	x Charge fee(s) indicate	ed below		Charge	e fee(s) ind	dicated below, ex	cept for t	he filing fee				
The standard of the standard												
Fill NG FEES Small Entity Fee (\$) Fee	FEE CALCULATION											
Application Type	1. BASIC FILING, SEARCH, AND	EXAMINATION FEES	3									
Design	F		SEA		EXAMIN							
Utility	Application Type Fee (Fee (\$		Fee (\$)		Fees F	Paid (\$)				
Design								<u> </u>				
Plant	_	105	100	50								
Reissue	_		310									
Provisional 210 105 0 0 0 0 0	Reissue 310											
Sea												
Fee (\$) Fee (\$)			Ü	J	Ů	Ü		Small Entity				
Bach claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims 50 (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) The highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):												
Multiple dependent claims Total Claims Extra Claims Foe (\$) Fee Paid (\$) Multiple Dependent Claims 25 -27 = 0 x 50.00 = 0.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 5 -4 = 1 x 210.00 = 210.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):	Each claim over 20 (including Reis	sues)					50	25				
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 25	Each independent claim over 3 (inc	luding Reissues)					210	105				
25 -27 = 0 x 50.00 = 0.00 Fee (\$) Fee Paid (\$)	Multiple dependent claims						370	185				
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	Total Claims Extra Claims	Fee (\$)	Fee F	aid (\$)	<u>M</u> :	uitiple Depende	nt Claims					
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	1 — — — — —		0	.00	<u>Fe</u>	<u>e (\$)</u> <u>F</u>	ee Paid (\$	<u>5)</u>				
5 -4 = 1 x 210.00 = 210.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x = // 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):	†	or, if greater than 20.						_				
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) ———————————————————————————————————												
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) ———————————————————————————————————				0.00								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	l ' ' '	is paid for, it greater than t	5.									
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets		exceed 100 shoots of	nanori	Cavaludina alaatu	onicallu fi	led accounts on						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x = //4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):	listings under 37 CFR 1.52(e))	the application size	paper fee du	e is \$260 (\$130 f	or small e	ieu sequence or ntity) for each a	computer Iditional 50	n				
-100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):								•				
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):	Total Sheets Extra She	ets <u>Number of</u>	each a	dditional 50 or frac	tion thereo	f <u>Fee (\$)</u>	Fee l	Paid (\$)				
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):		/50 =		(round up to a who	le number)	х=	=					
Other (e.g., late filing surcharge):	• •						<u>Fees</u>	Paid (\$)				
	=	=	y disco	ount)								
SUBMITTED BY		J										
Destruction Ma	111/1/1/1/1/			Registration Ma								
(Altomey/Agent) 39,491 Telephone (703) 205-8000		Arti-			39,491	Telephone	(703) 20	5-8000				
Name (Print/Type) Michael R. Cammarata Date July 15, 2008	Name (PrinVType) Michael R. Cami	marata				Date	July 15,	, 2008				

AME	Docket No. 0717-0547PUS1									
Applicatio 10/563,325-Co		Filing I July 6,		Examiner David Chu	Art Unit 2628					
Applicant(s): Makoto SAKUTA et al.										
Invention: CHARACTER DISPLAY APPARATUS, CHARACTER DISPLAY METHOD, CHARACTER DISPLAY PROGRAM AND READABLE RECORDING MEDIUM										
U.S. Patent and Tra Randolph Building 401 Dulany Street Alexandria, Virginia	Customer Service Window, MS Amendment U.S. Patent and Trademark Office Randolph Building 401 Dulany Street Alexandria, Virginia 22314 Transmitted herewith is an amendment in the above-identified application.									
The fee has beer	n calculated an	d is transmitte	d as shown b	elow.						
			S AS AMEN	DED						
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate						
Total Claims	25	- 27 =	0	x 50.00		0.00				
Independent Claims	5	- 4 =	1	x 210.00		210.00				
Multiple Depend	lent Claims (ch	eck if applicabl	e)							
Other fee (pleas	e specify):									
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:			210.00				
x Large Entity				Small Entity						
No additiona	ıl fee is require	d for this amer	ndment.							
	X Please charge Deposit Account No. 02-2448 in the amount of \$ 210.00 . A duplicate copy of this sheet is enclosed.									
A check in the	A check in the amount of \$ is enclosed.									
Payment by credit card. Form PTO-2038 is attached.										
The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.										
x Credit any overpayment. x Charge any additional filing of application processing fees required under 37 CFR 1.16 and 1.17.										
x Charge a	any additional fili	ing of applicatio	n processing	·						
í e	Michael R. Cammarata Attorney Reg. No.: 39,491									
BIRCH, STEW/ 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, V (703) 205-8000	e Road irginia 22040-i		_P							